



**City of Minneapolis
Employment & Training
PERFORMANCE
BASED
INVOICE**

CITY USE ONLY		
VE# _____	PO# _____	
UT ACCT# _____	CODE _____	
INV# _____	DATE _____	
VO# _____	LOC# _____	SPC _____
AP CLERK _____	DATE PD _____	

SUB-RECIPIENT NAME					PROGRAM		INVOICE #
ADDRESS					MASTER CONTRACT #		FAN #
					FAN PERIOD FROM: TO:		
CONTACT PERSON/PHONE NUMBER					INVOICE PERIOD FROM: TO:		
DESCRIPTION	FAN BUDGET	BILLING FOR THIS INVOICE PERIOD			CUMULATIVE TOTAL		
		NUMBER	UNIT PRICE	TOTAL DUE	NUMBER	UNIT PRICE	TOTAL EXPENSES
PLACEMENT			\$1,000	\$			\$
BONUS			\$400	\$			\$
QUARTER 1 RETENTION			\$800	\$			\$
QUARTER 2 RETENTION			\$600	\$			\$
QUARTER 3 RETENTION			\$600	\$			\$
QUARTER 4 RETENTION			\$0	\$			\$
OTHER (DESCRIBE)				\$			\$
1.SUBTOTAL PERFORMANCE	\$						\$
2. SUPPORT SERVICES	\$						\$
TOTAL	\$						\$
NET PAYMENT -THIS INVOICE							\$

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information or omission of any material fact may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

PREPARED BY:	DIRECTOR OF AGENCY:
SIGNATURE/DATE:	SIGNATURE/DATE:

CITY USE ONLY

INVOICE #	TOTAL AMOUNT APPROVED: \$	DATE:
APPROVED BY EMPLOYMENT & TRAINING STAFF		